

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155718	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/04/2011
NAME OF PROVIDER OR SUPPLIER COMMUNITY NORTHVIEW CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1235 W CROSS ST ANDERSON, IN 46011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the investigation of Complaint Number IN00088797 investigated on 4/18/11.</p> <p>This visit was in conjunction to the Post Survey Revisit (PSR) to the PSR completed on 3/10/11 to the Recertification and State licensure Survey completed on 1/25/11.</p> <p>Complaint Number IN00088797 corrected</p> <p>Survey Date: May 4, 2011</p> <p>Facility number: 000562 Provider number: 155718 AIM number: 100267150</p> <p>Survey Team: Toni Maley, BSW</p> <p>Census Bed Type: SNF: 4 SNF/NF: 53 Residential: 25 Total: 92</p> <p>Census Payor Type: Medicare: 13 Medicaid: 43 Other: 36 Total: 92</p> <p>Sample: 6 Residential Sample: 3</p> <p>Community Northview Care Center was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the PSR to the investigation of Complaint Number IN00088797.</p>	{R 000}			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

2MES12

If continuation sheet 1 of 2

Indiana State Department of Health

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{R 000}	Continued From page 1 Quality review completed 5-5-11 Cathy Emswiller RN	{R 000}			